



My Life, My Health: **Living with Chronic Conditions**

Welcome

Thank you for taking a few minutes to answer some brief questions. While you may leave any question blank, we encourage you to complete the survey. Summarized information from all participants will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful.

This survey asks for basic information about you. This survey also asks for your name, but this is only for the purpose of matching your information with your attendance. Your name will not be recorded in any database.

Your form will be kept confidential. Your responses will not affect any services or programs you are getting. If you have any questions about what is being asked, please ask your Group Leader.

Thank you again for taking time to complete this important survey!

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